

Provider Insider

Alabama Medicaid Bulletin

November 2003

The checkwrite schedule is as follows:

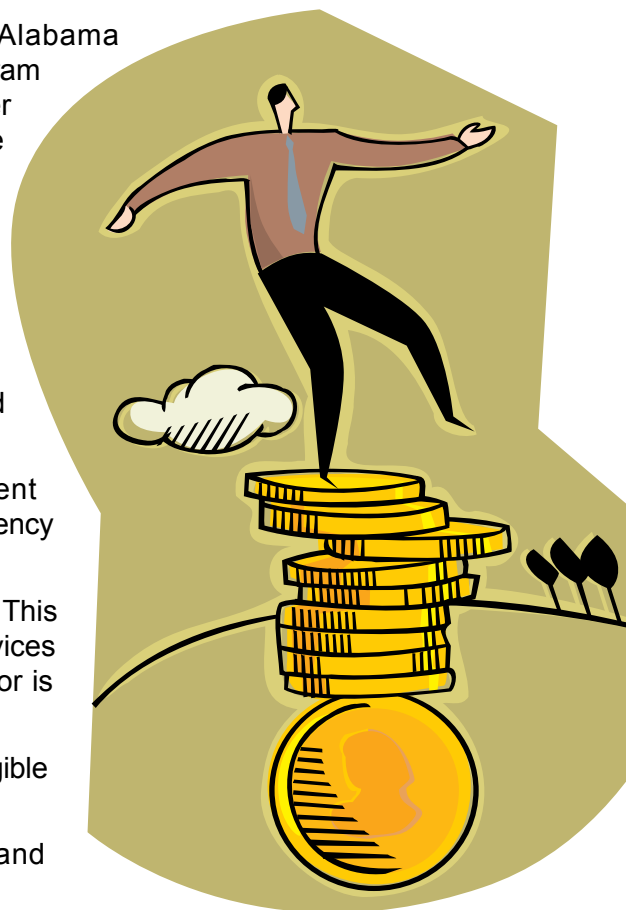
11/07/03 11/21/03 12/05/03 12/12/03 01/02/04

As always, the release of direct deposits and checks depends on the availability of funds.

Possible Medicaid Program Changes Due to Budget Cuts

In light of the state's fiscal situation the Alabama Medicaid Agency is considering the following program changes. Notification will be made through a Provider Notice when final determination has been made on the changes.

- ◆ Reduce hospital inpatient days from 16 to 14 days per year
- ◆ Reduce physician services in an inpatient hospital from 16 to 14 visits per year
- ◆ Reduce drug prescriptions from an unlimited number to cap per month
- ◆ Eliminate non-emergency care in an outpatient hospital. Currently, Medicaid pays for 3 non-emergency outpatient hospital visits
- ◆ Eliminate routine eye care services for adults. This includes eye exams and eyeglasses. These services will only be covered if the individual is under 21 or is also eligible for Medicare
- ◆ Eliminate hospice services except for Medicare-eligible individuals who reside in a nursing home
- ◆ Reduce reimbursement rates for physicians and dentists by 2 percent



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Pass It On!

Everyone needs to know the latest about Medicaid.

Be sure to route this to:

- ☐ Office Manager
- ☐ Billing Dept.
- ☐ Medical/Clinical Professionals
- ☐ Other _____

HIPAA Misunderstandings

The recent spate of complaints levied against covered entities over the past few months doesn't seem to trouble the HHS Office for Civil Rights. The enforcement agency views a great number of these complaints as simple "misunderstandings."

Hundreds of pairs of ears pricked up early in the morning of Sept. 17 as Susan McAndrew, senior advisor for HIPAA privacy policy at OCR, delivered an update on privacy rule enforcement at the 7th National HIPAA Summit in Baltimore. Here are a few of OCR's most recently released statistics:

- Total number of complaints has risen to more than 1,800 (up from 637 as of June 24);
- OCR's 10 regional offices receive roughly 75 complaints each week;
- Most complaints have been filed by individual patients against provider groups;
- During the first five months that the privacy rule has been in effect, no civil money penalties have been issued; and
- 30 percent of complaints have been dismissed due to jurisdictional reasons (some complaints were submitted prior to April 14, some didn't involve covered entities or the privacy rule, et cetera).

In regard to the potential for OCR to impose civil monetary penalties, McAndrew said the OCR "doesn't expect to impose CMPs as a routine matter." To clarify that statement, only when a covered entity is "recalcitrant" or unwilling to cooperate with the OCR to resolve the complaint will a CMP be imposed, she noted, adding that, for the most part, OCR has found that "providers are very willing to cooperate" with the agency. As for criminal penalties, there have been few, said McAndrew, and the OCR has referred such matters to the Department of Justice.

McAndrew indicated that privacy rule complaints were viewed by the OCR as one way of discovering where the common misconceptions are concerning the privacy rule, and said complaints permit the agency to clear up those misconceptions. For example, she noted that many of the complaints submitted for what an individual considered to be a violation have wound up in the OCR's "frequently asked questions" section of its Web site (to read the FAQs, go to www.hhs.gov/ocr/ and click on View Health Information Privacy Frequently Asked Questions (FAQS)" on the upper left side of the page).



Hospital Cases Requiring Prior Authorization for Recipients Age 6 or Older

Hospital cases may be divided into three categories depending on the documentation obtained in the office:

1. **Child is cooperative:** treatment plan (by tooth #, by procedure code) and radiographs were obtained in the office.

Submit Prior Authorization request (Form 343) **with treatment plan and radiographs** through EDS for review. Failure to attach required information may delay your request.

2. **Child is partially uncooperative:** treatment plan (by tooth #, by procedure code) was obtained but child would not cooperate for radiographs in the office.

Submit Prior Authorization request (Form 343) listing the codes on form **with treatment plan** along with the explanation that the child would not cooperate for films in Section IV paragraph 3 of Form 343. If the Prior Authorization is approved, the approval letter will probably approve **only one procedure code** (usually a radiograph code) and a statement to the effect: "Outpatient/Inpatient Hospital Approved; all other procedures **CONTINGENT UPON:** preoperative radiographs (type will be specified) being taken at the hospital and submitted with list of actual treatment procedures directly to Medicaid Agency for review and treatment meeting criteria."

Depending on the extent of the treatment, the preoperative radiographs required in the contingency statement above may vary from bitewings to a panoramic view to a **full mouth series** of radiographs which consists of **14 periapicals and bitewings**. Pay close attention to this contingency statement, as these requirements must be submitted before any review to decide whether requested codes will be added to the Prior Authorization File.

3. **Child is totally uncooperative:** neither the treatment plan nor radiographs could be obtained in the office.

The procedure, approval letter contingencies, and requirements are the same as in # 2 above except that the explanation in Section IV paragraph 3 of Form 343 will include that no films or treatment plan could be obtained.



REMINDER



Just a reminder flu vaccination is a covered service for eligible recipients. Procedure codes 90657 (influenza 6-35 months) and 90658 (influenza 3 years and older) are covered for the administration fee through the Vaccines for Children (VFC) program. If you are not enrolled as a VFC provider, please refer recipients to your local County Health Department for flu vaccination. Procedure code (PC) 90659 (influenza virus vaccine) is a covered service for recipients of any age. Please remind billing staff that if an office visit is billed on the same date as PC 90659, an administration fee may not be billed.

Myths and Facts About the HIPAA Privacy Rule

(Reprint from the Medical Newswire)

As of April 14, 2003, health care providers and health plans are required to be in compliance with the HIPAA Privacy Regulation. This law is needed to ensure that sensitive personal health information can be shared for core health activities, with safeguards in place to limit the inappropriate use and sharing of patient data. The HIPAA privacy rule takes critical steps in that direction to require that privacy and security be built in to the policies and practices of health care providers, plans, and others involved in health care. Despite the law's clear purpose and scope, a lack of widespread and consistent public education, training, and technical assistance over the past 2 and one half years, has given rise to a number of persistent and destructive myths.

The following are some common myths regarding the Rule and the facts about what the law actually says:

Myth #1: One doctor's office cannot send medical records of a patient to another doctor's office without that patient's consent.

FACT: No consent is necessary for one doctor's office to transfer a patient's medical records to another doctor's office for treatment purposes. The Privacy Regulation specifically states that a covered entity "is permitted to use or disclose protected health information" for "treatment, payment, or health care operations," without patient consent. As HHS explains, "treatment" includes "consultation between health care providers regarding a patient and referral of a patient by one provider to another." HHS states that providing health records to another health care provider for treatment purposes "can be done by fax or other means."

Myth #2: The HIPAA Privacy Regulation prohibits or discourages doctor/patient emails.

FACT: The Privacy Regulation allows providers to use alternative means of communication, such as email, with appropriate safeguards. Healthcare providers may continue to communicate with patients via email. Both the HIPAA Privacy and Security Regulations require providers to use reasonable and appropriate safeguards to "ensure the confidentiality, integrity, and availability" of any health information transmitted electronically, and to "protect against any reasonably anticipated threats" to the security of such information. Therefore, a covered entity is free to continue using email to communicate with patients, but should be sure that adequate safeguards, such as encryption, are used.

Myth #3: A patient cannot be listed in a hospital's directory without the patient's consent and the hospital is prohibited from sharing a patient's directory information with the public.

FACT: The Privacy Rule permits hospitals to continue the practice of providing directory information to the public unless the patient has specifically chosen to opt out. The Regulation states that a health care provider may maintain a directory that includes the patient's name, location in the facility, and condition in general terms, and disclose such information to people who ask for the patient by name. The patient must be informed in advance of the use and disclosure and have the opportunity to opt out of having his or her information included in the directory. Emergency situations are specifically provided for in the Regulation, so if the patient is comatose, or otherwise unable to opt out due to an emergency, the hospital is permitted to disclose directory information if the disclosure is consistent with the patient's past known expressed preference and the provider determines disclosure is in the individual's best interest. The provider must provide the patient with an opportunity to object, "when it becomes practicable to do so." Any more restricted uses of directory information, such as requiring patients to ask to be listed in, or opt into, the directory, are either the hospital's own policy or confusion about the Privacy Regulation.

Hysterectomy Consent Form Has Been Revised

The hysterectomy consent form was revised recently. The revised hysterectomy consent form (form # PHY-81243) becomes effective January 1, 2004. Instructions for completing the consent form will be on the back of the consent form.

The form was revised to include a section for unusual circumstances. Now this form can be used by a physician to certify a patient was already sterile when the hysterectomy was performed; a hysterectomy was performed under a life threatening situation; or a hysterectomy was performed under a period of retroactive Medicaid eligibility. In all of these circumstances, medical records must be forwarded to EDS along with the hysterectomy consent form and claim(s) in order for a State review to be performed.

Please note, only the surgeon should submit a hysterectomy consent form to EDS. All other providers should not request or submit copies of the consent form. Multiple copies slow down the consent form review and claims payment process.

It is also important to note that certain fields on the hysterectomy consent form are non-correctable. The non-correctable fields include the recipient's signature and date of signed informed consent, the provider's signature and date of informed consent and the representative's signature and date of informed consent (if the recipient requires a representative to sign for them). If a non-correctable field is missing, contains invalid information or indicates the recipient/representative or physician signed after the date of surgery, EDS will deny the consent form. The new form is available on our website at 'www.medicaid.state.al.us'.



www.medicaid.state.al.us

Reminder To Send Written Notification for Foster Children on Patient 1st

This is a reminder that if you find a foster child who is assigned to a Patient 1st provider, please send written notification to the attention of Gloria Wright at fax number (334) 353-3856. Foster children should not be assigned to a Patient 1st provider.

Periodic Rescreen List

The Periodic Rescreen List is furnished to Medicaid providers to facilitate with scheduling well child check ups (EPSDT screenings) for children who have not received a well child check up in the last twelve months. Please ensure your office staff are using this valuable tool.

Visit Alabama Medicaid ONLINE



www.medicaid.state.al.us

Providers can :

- ◆ **Print Forms and Enrollment Applications**
- ◆ **Download Helpful Software**
- ◆ **Obtain Current Medicaid Press Releases and Bulletins**
- ◆ **Obtain Billing and Provider Manuals and Other General Information about Medicaid**

Time Limits for EPSDT Referrals

EPSDT referrals are valid for up to one year from the date of the well child checkup (EPSDT screening). The EPSDT screening date must be current to be valid. The EPSDT screening date may not be backdated or future dated. The date of the EPSDT screening should be documented under "Type of Referral" on form 362, the Alabama Medicaid Agency Referral Form. The EPSDT screening date documented on the Referral Form is the date used to determine the length of time an EPSDT referral is valid (regardless of a Patient 1st referral). The "Length of Referral" is used to determine the amount of time the referral is valid from the referral date and is inclusive of all types of referrals (e.g., Patient 1st referral, EPSDT referral, Targeted Case Management, etc).

Please ensure well child check-ups are performed according to the periodicity schedule and appropriate referrals are made when medically necessary. For additional information, please refer to Appendix A of your Provider Manual.

Changes In Synagis Procedure Codes

Effective September 1, 2003, Synagis, procedure codes Z3417 – 50 mg, and Z3387 – 100 mg will be converted to a CPT procedure code 90378. Providers must begin using CPT procedure code 90378 when requesting a prior authorization (PA) for Synagis. Coverage for Synagis is available beginning October 1st through March 31st. You may begin submitting PA requests for Synagis now with an effective date of October 1st. Procedure code 90378 is for 50 mg (per CPT description) and providers should bill the appropriate number of units based on dose administered.

Information for Eye Care Providers

Only providers who **furnish the eyeglasses** i.e., frames and/or lenses for Medicaid recipients **should bill for these services**. Multiple claims and medical record reviews revealed some eye care providers are billing for frames and/or lenses supplied from another source. Since this type of billing could be considered fraudulent, please ensure your billing staff is aware of appropriate billing practices and bills accordingly.



EPSDT REMINDER



Patient 1st providers and EPSDT screening providers are reminded to perform well child check-ups according to the following periodicity schedule:

1 month, 2 month, 4 month, 6 month, 9 month, 12 month, 15 month, 18 month, 24 month, and every year beginning on or after the child's third birthday.

Implementation of the Preferred Drug List (PDL) Has Begun

On October 1, 2003, the mandatory Preferred Drug List began implementing in phases. Each phase includes a period of "soft" edits prior to implementation of a "hard" PA edit. During the "soft" edit phase, a message will be sent to the pharmacist if a claim is entered for a non-preferred brand product. The message will notify the pharmacist that within the next thirty days, a prior authorization will be required for the non-preferred prescribed product. It will also provide the pharmacist with a list of the preferred alternatives. During this initial phase, the pharmacist will be able to override this alert at the pharmacy level. The "hard" PDL edit will be implemented for the first group of drugs effective November 3, 2003. This edit will require the pharmacist to obtain an override from Health Information Designs, Inc (HID) 800-748-1830 for the non-preferred brands in each class.



Important Mailing Addresses

All Claim forms, Consent forms, and other mail	EDS Post Office Box 244032 Montgomery, AL 36124-4032
Inquiries, Provider Enrollment Information, and Provider Relations	EDS Post Office Box 241685 Montgomery, AL 36124-1685
Adjustments	EDS Post Office Box 241684 Montgomery, AL 36124-1684

Medicaid Announces Change for District Office

Effective October 1, 2003, Lamar County is being serviced by the Tuscaloosa District Office. All nursing home, HCBS waivers, SSI Related cases (disabled adult/child, widow/widower, hospital, PEC, etc) and the Limited Medicaid Programs (QMB, SLMB, QI-1) recipient case files have been transferred. If you should receive any questions from recipients regarding this change, please inform them they do not need to do anything. Eligibility applications and related correspondence for the nursing home, HCBS waivers, SSI Related cases, and the Limited Medicaid Programs for Lamar County residents should be directed to the Tuscaloosa District Office. On page 7 in this issue of the Provider Insider, readers can find a listing of all Medicaid District Offices, addresses, telephone and fax numbers and counties that office serves.

Information for Breast and Cervical Cancer Providers

It has been two years since the Agency began coverage of a new eligibility group for women diagnosed with breast and/or cervical cancer. To be eligible to apply for this coverage, the woman must first have been diagnosed with breast or cervical cancer or pre cancer through an Alabama Breast and Cervical Cancer Early Detection Program (ABCCEDP) provider. It is very important to ensure women are first seen by providers who participate in the ABCCEDP for the screening and diagnostic process.

If eligible for Medicaid through this program, the woman then receives full Medicaid benefits for the duration of her active treatment process. Medicaid eligibility is limited to women who 1) are not otherwise eligible for Medicaid, 2) are under age 65, 3) have been screened for breast and/or cervical cancer through ABCCEDP providers, and 4) have no creditable health insurance coverage as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The period of Medicaid eligibility for coverage under this act is limited to the period during her course of treatment as determined by the medical professional responsible for the cancer treatment. Eligibility criteria includes residency and citizenship must be met. Treatment under this act is limited to medically necessary treatment with optimal standards of medical practice. Experimental treatments will not be covered.

For a list of participating ABCCEDP providers, please call Gay Coughlin or Patti Stadlberger with the ABCCEDP @ 1-800-252-1818. Questions concerning the Medicaid Breast and Cervical Cancer Treatment Program may be directed to Deborah Pennington with the ABCCEDP @ 251-947-6206 or Brenda Vaughn with the Medicaid program @ 334-242-5582.



EDS Provider Representatives

G R O U P 1

North: Stephanie Westhoff, Jenny Homler, Jeanne Caperton, and Marilyn Ellis

Bibb, Blount, Calhoun, Cherokee, Chilton, Clay, Cleburne, Colbert, Coosa, Cullman, DeKalb, Etowah, Fayette, Franklin, Greene, Hale, Jackson, Jefferson, Lamar, Lawrence, Lauderdale, Limestone, Madison, Marion, Marshall, Morgan, Pickens, Randolph, Shelby, St. Clair, Talladega, Tuscaloosa, Walker, Winston



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@eds.com
334-215-4142



jeanne.caperton

@eds.com
334-215-4253



marilyn.ellis

@eds.com
334-215-4159

South: Melanie Waybright and Denise Shepherd

Autauga, Baldwin, Barbour, Bullock, Butler, Chambers, Choctaw, Clarke, Coffee, Conecuh, Covington, Crenshaw, Dale, Dallas, Elmore, Escambia, Geneva, Henry, Houston, Lee, Lowndes, Macon, Marengo, Mobile, Monroe, Montgomery, Perry, Pike, Russell, Sumter, Tallapoosa, Washington, Wilcox

Nurse Practitioners
Podiatrists
Chiropractors
Independent Labs
Free Standing Radiology



melanie.waybright

@alxix.slg.eds.com
334-215-4155



denise.shepherd

@alxix.slg.eds.com
334-215-4132

CRNA
EPSDT (Physicians)
Dental
Physicians
Optometric
(Optometrists and Opticians)

G R O U P 2

Rehabilitation Services
Home Bound Waiver
Therapy Services
(OT, PT, ST)
Children's Specialty Clinics
Prenatal Clinics
Maternity Care
Hearing Services
Mental Health/Mental Retardation
MR/DD Waiver
Ambulance
FQHC



laquita.wright

@alxix.slg.eds.com
334-215-4199



tracy.ingram

@alxix.slg.eds.com
334-215-4158

Public Health
Elderly and Disabled Waiver
Home and Community
Based Services
EPSDT
Family Planning
Prenatal
Preventive Education
Rural Health Clinic
Commission on Aging
DME
Nurse Midwives

G R O U P 3

Ambulatory Surgical Centers
ESWL
Home Health
Hospice
Hospital
Nursing Home



ann.miller

@alxix.slg.eds.com
334-215-4156



shermeria.hardy

@alxix.slg.eds.com
334-215-4160



linda.hanks

@alxix.slg.eds.com
334-215-4130

Personal Care Services
PEC
Private Duty Nursing
Renal Dialysis Facilities
Swing Bed

Medicaid District Offices

Auburn-Opelika District Office
1716 Catherine Court, Suite 1A
Auburn, AL 36830-9938

800-362-1504
334-887-3840 (FAX)

Bullock
Chambers
Clay
Coosa

Lee
Macon
Randolph

Russell
Talladega
Tallapoosa

Birmingham District Office
486 Palisades Blvd.
Birmingham, AL 35209-5154

800-362-1504
205-414-9335 (FAX)

Jefferson

St. Clair

Decatur District Office
2119 Westmeade Drive SW.
(P.O. Box 1728, Zip 35602-1728)
Decatur, AL 35603-1050

800-362-1504
256-353-1799 (FAX)

Cullman
Jackson

Madison
Morgan

Dothan District Office
2652 Fortner Street, Suite 4
Dothan, AL 36305-3203

800-362-1504
334-794-3741 (FAX)

Barbour
Coffee
Conecuh

Covington
Dale
Geneva

Henry
Houston

Florence District Office
214 E. College Street
Florence, AL 35630-5606

800-362-1504
256-740-0228 (FAX)

Colbert
Franklin
Lauderdale

Lawrence
Limestone

Marion
Winston

Gadsden District Office
200 West Meighan Blvd., Suite D
(P.O. Box 35, Zip 35902-0035)
Gadsden, AL 35901-3200

800-362-1504
256-546-4973 (FAX)

Blount
Calhoun
Cherokee

Cleburne
DeKalb
Etowah

Marshall

Mobile District Office
3280 Dauphin Street
Suite B 100 B
Mobile, AL 36606-4049

800-362-1504
251-471-6930 (FAX)

Baldwin
Escambia

Mobile
Washington

Montgomery District Office
501 Dexter Avenue
(P.O. Box 5624, Zip 36103-5624)
Montgomery, AL 36104-3744

800-362-1504
334-242-3835 (FAX)

Autauga
Crenshaw

Elmore
Montgomery

Pike

Selma District Office
106 Executive Park Place Lane
(P.O. Box 415, Zip 36702-0415)
Selma AL 36701-7734

800-362-1504
334-418-0036 (FAX)

Butler
Chilton
Choctaw
Clarke

Dallas
Lowndes
Marengo

Monroe
Perry
Wilcox

Tuscaloosa District Office
907 22nd Avenue
(P.O. Box 020706, Zip 35402-0706)
Tuscaloosa, AL 35401-5822

800-362-1504
205-345-9414 (FAX)

Bibb
Fayette
Greene
Hale

Pickens
Lamar
Shelby

Sumter
Tuscaloosa
Walker

State Fiscal Year 2003-2004 Checkwrite Schedule

10/10/03	01/02/04	04/09/04	07/09/04
10/24/03	01/16/04	04/23/04	07/23/04
11/07/03	02/06/04	05/07/04	08/06/04
11/21/03	02/20/04	05/21/04	08/20/04
12/05/03	03/05/04	06/04/04	09/03/04
12/12/03	03/19/04	06/18/04	09/10/04

Alabama Medicaid Bulletin



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